APA Official Actions

Position Statement on Use of Opioid Medications with Terminally Ill Patients

Approved by the Board of Trustees, July 2025
Approved by the Assembly, May 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. … These are … position statements that define APA official policy on specific subjects." – *APA Operations Manual*

Issue:

Prior to the 1980s, as a consequence of fears of producing dependence and addiction, opioid analgesics were frequently withheld or provided only in limited quantities to patients with terminal illnesses who were experiencing severe pain. Research during the 1980s began to clarify the differences between physiologic dependence and substance use disorders (SUDs), which have maladaptive behavioral components, and to show that few terminal patients incurred behavioral problems when given liberal access to opioid analgesics. Recent progress in the treatment of terminal diagnoses that have extended terminally ill patients' lives, coupled with the tragic rise in opioid-related fatalities—the opioid epidemic—demands a renewed consideration of how to safely balance the benefits and risks of opioid analgesia in this patient population.

The Centers for Medicare & Medicaid Services defines terminal illness as a medical prognosis in which the individual's life expectancy is six months or less if the illness runs its normal course. The proportion of patients who relapse to or develop opioid use disorder (OUD) due to iatrogenic exposure is unknown, but there is no reason to think that this patient population would be uniquely protected from this disease. Any risks identified in considering opioid analgesia in terminally ill patients should not preclude the prescribing or adequate dosing of opioid analgesics when indicated, but should prompt careful consideration of how to mitigate such risks. If diversion, dependence, or misuse is suspected, a psychiatrist should consider standard modifications to treatment, such as limiting the total days' worth of medication prescribed at any one time, more closely monitoring the prescription drug monitoring program database, or other measures to minimize diversion and misuse. Such patients should also be offered a referral for standard-of-care SUD treatment and all patients prescribed opioids should receive opioid overdose reversal agents, such as nasal naloxone (available over the counter as of March 2023).

It is the position of APA that:

1. **Terminally ill patients should receive opioid analgesics when indicated for optimal pain management.**
2. **They should also receive ongoing evaluations and appropriate treatment referral for SUD and co-occurring psychiatric conditions as well as standard opioid harm-reduction interventions.**

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